附件11

## **上海市伤残抚恤关系转移审批表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 身份证号 | | |  | | | | | | | | | | | 二寸免冠彩色照片 | | |
| 出生日期 | | |  | | | | 性别 | |  | | | 民族 | | |  | | |
| 籍贯 | | |  | | 政治  面貌 | |  | | 户口性质 | | | | |  | | | |
| 户籍区 | | |  | | 户籍街镇(乡) | | | |  | | | | | | | | |
| 户籍地址 | | |  | | | | | | | | | | | | | | |
| 所在单位 | | |  | | | | | | | | | | | | | | | 职务 | |  |
| 单位地址 | | |  | | | | | | | | | | | | | | | 就业状况 | |  |
| 入伍（工作）时间 | | |  | | | | 离开部队时间 | | |  | | | | | | | | 离开部队  形式 | |  |
| 致残时所在部队（单位） | | |  | | | | | | | | | | | | | | | 职务 | |  |
| 伤残人员类别 | | |  | | | | 残疾等级 | | |  | | | | | | | | 残疾性质 | |  |
| 伤残属别 | | |  | | | 抚恤分类 | |  | | | | | 辅助器械配置 | | | |  | | | |
| 致残时间 | | |  | | | | 致残地点 | | |  | | | | | | | | | | |
| 致残原因 | | |  | | | | | | | | | | | | | | | | | |
| 伤残情形 | | |  | | | | | | | | | | | | | | | | | |
| 原证件情况 | 证件名称 | |  | | | | | | | | 残疾证号 | | | | |  | | | | |
| 填发机关 | |  | | | | | | | | | | | | | 填发人 | | |  | |
| 发证日期 | |  | | | | | 证件生产编号 | | | | | | | |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 审查意见  区退役军人局 |  | | | |
| 审批意见  市退役军人局 |  | | | |
| 换发证情况 | 证件名称 |  | 残疾证号 |  |
| 填发机关 |  | 填发人 |  |
| 发证日期 |  | 残疾等级 |  |
| 证件起始日期 |  | 证件终止日期 |  |
| 证件生产编号 |  | 有效期 |  |
| 备注 |  | | | |

经办人： 日期：